Connecticut Association of School Based Health Centers
53 Oak Street, Hartford, CT 06106
203-230-9976

EDUCATION COMMITTEE
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Melanie Wilde-Lane, Executive Director of The CT Association of School Based Health Centers

Senator McCrory, Senator Berthel, Representative Currey, Representative McCarty and Members of the Education Committee. My name is Melanie Wilde-Lane and I am the Executive Director for the CT Association of School Based Health Centers representing 130 fully comprehensive school-based health centers that offer medical and mental health services and about 150 expanded school health sites that offer a single service.

I come before you today to testify about S.B.1200: AN ACT CONCERNING SPECIAL EDUCATION

Two years ago, the legislature asked for a working group to come together and make recommendations on school sites where students lacked access to mental health services but needed it the most. Last year, the legislature passed SB1, which allocated funds to the expansion of school-based health centers (SBHCs) in 11 towns for 36 schools. This expansion was for mental health services only.

Pediatric providers working toward health equity require health care delivery mechanisms that take on dual roles: mitigating the health effects of a maladaptive social ecosystem while at the same time working to improve the ecosystem itself. School-based health Centers perform these dual roles by placing critically needed services such as medical, mental/behavioral, and dental services directly in schools where young people spend the majority of their time, maximizing the opportunity to learn and grown. SBHCs collaborate with the school nurse and school support staff. If a child lacks access to care, SBHCs can serve as a primary medical home until a local provider can be obtained. Being located in schools, factors such as transportation issues, parent availability, missed appointments, and missed class time are significantly reduced.

SBHCs operate within two of the most heavily regulated sectors in the US-education and health. Therefore, SBHCs have to display superior health and educational outcomes, while also being as financially sustainable as traditional pediatric practices.

The mission of SBHCs is to contribute to the health of children by providing access to primary health care and preventative health care services. Often SBHCs provide services to an underserved population of children and adolescents. SBHCs are staffed by a multidisciplinary team of nurse practitioners or physician's assistants, licensed mental health providers, and other support staff.

SBHCs are expanding across the state and demonstrate increased access to health care and prevent downstream health care-associated costs to society. SBHCs are distributed between urban, suburban, and rural areas. This expansion is driven in part by the broad support from major legislators like yourself. The American Academy of Pediatrics recommends SBHCs as a safety-net health care delivery model for pediatric populations that are uninsured, underinsured, or represent special populations who do not have regular access to health care. The Centers for Disease Control and Prevention's Community Preventative Services Task Force strongly recommended the "implementation and maintenance of SBHCs in low-income communities, based on sufficient evidence of effectiveness in improving education and health outcomes."

The services SBHCs provide are far-reaching and often reflect the unique needs of the communities in which they are embedded. Prevention and early intervention are key initiatives. SBHCs are established in kindergarten through 12th grade settings. They provide the basics of primary health care, including but not limited to, health assessments, anticipatory guidance, screenings, immunizations, acute illness care, treatment, and laboratory services. They also provide mental health care, social services, dentistry, and health education.

SBHCs address several challenges faced by more traditional models of care. They prevent major causes of youth mortality (suicide and accidental injury) through increased access to health care and mental health services as well as enhanced behavioral surveillance and clinical management.

School-based health centers have the potential to address health disparities and poverty. Poverty and mental health outcomes for children are clearly linked. Medical and mental health problems are associated with decreased scholastic performance and educational achievement, which is in turn strongly associated with future risk-taking behaviors and higher rates of morbidity and mortality. Children growing up who experience health disparities require models of care that better serve their health care needs. SBHCs integrate with the education system to improve access, quality, and cost for these pediatric populations.

SBHCs provide financial savings to children and their families. Health care provided by SBHCs prevents secondary losses of productivity for parents who would otherwise have to leave work to bring their children to appointments. SBHCs prevent unnecessary ED visits and provide services to students at no out-of-pocket costs or for free.

School-based health centers also demonstrate a cost-benefit to society. Estimates vary based on geography, school characteristics, and categories of health benefits considered as social benefits, with avoided ED visits and delayed treatment providing the most benefit. Medical benefits the most from cost savings associated with SBHCs, with estimated savings ranging from $30 to well over $900 per visit and between $50 and over $1000 per Medicaid enrolled students in school with an SBHC.

The CDC considers academic success both a strong indicator and outcome of the overall health and well-being of a child. Children must learn how to be health and must be healthy to learn. Academic success is a social determinant of pediatric health. It has shown that chronic health conditions decrease academic achievement, and safe school environments improve health behaviors and academic performance.

SBHC utilization has been associated with improved academic outcomes, such as GPAs, attendance, grade promotion, college preparation, and reduced rates of suspensions. They also help to create and support school-wide programs that address bullying, violence, anger, depression, and other social and emotional issues that impede academic achievement. There is also a growing body of evidence suggesting that SBHCs improve academic performance indirectly by increasing school connectedness, particularly in lower income youth populations.

In conclusion, SBHCs promote social mobility and improve health equity by meeting the needs of disadvantaged populations and removing barriers to health care services. Their financial and physical benefits are well documented.

I ask the Education Committee to please support this bill. With passage, this bill will allow school-based health center sites to expand services in communities that have need and continue to offer supports for young people. Thank you for supporting School Based Health Centers.

Respectfully submitted,

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